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26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** October 29, 2004**To:** United States Patent and Trademark Office
Examiner: Levi, Dameon E. ; Art Unit: 2841**Fax:** (703) 872-9306**Re:** **Application Serial No.: 10/623,243**
Filing Date: 7/17/2003; First Named Inventor: Alawani, Ashish
Attorney Docket No.: 0140111**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 15**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated August 19, 2004.

Thank you.

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Attorney Docket No.: 0140111

AMENDMENT COVER SHEETIN RE APPLICATION OF: Alawani, et al.SERIAL NO.: 10/623,243 FILED: July 17, 2003FOR: Overmolded MCM with Increased Surface Mount Component ReliabilityHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 430.00 | 215.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 980.00 | 490.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,530.00 | 765.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small-Entity | FEE |
| TOTAL CLAIMS | 20 | MINUS **20 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 3 | MINUS ***3 | * = 0 | x 88 | x 44 | \$ |
| First presentation of multiple dependent claim | | | | + 300 | + 150 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

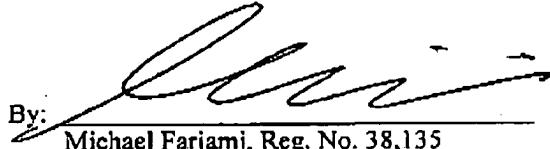
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*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0140111

- ☐ Total fee for Supplemental Information Disclosure Statement \$
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- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
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Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Attorney Docket No.: 0140111

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